Addressing Myths Often Generated by Private EMS Providers

Private EMS, and specifically ambulance service providers, continue to make proposals to Metro and medium size cities to replace the local fire department [in part or in full] as the provider of ambulance service.

These private providers have reached out to a number of fire chiefs to gather facts about their fire department ambulance systems. They have also participated in meetings with individual fire departments and local public officials to discuss the provision of ambulance service in their communities.

In the recent past, the impetus for these efforts by private providers is clearly the economic downturn and the budgetary shortfalls that are still being experienced in some municipalities. As they track news articles, they target cities with reported deficits where fire department resources are on the table for discussion. They also follow the status of studies of fire departments that are being conducted by certain (less than objective) private consulting firms. Private providers propose to come in with a solution to the economic woes by showing public officials and fire
chiefs how they can cut resources and save money by privatizing all or a portion of their ambulance transport services.

These private providers - sometimes on the heals of a biased fire department consulting study - deliver proposals or conduct meetings with fire department officials and other officials in cities throughout the United States. Their proposals, sometimes received by cities in close proximity to the release of a consultant’s findings, tend to focus on reasons why they feel that private providers deliver better ambulance service than a Fire-Rescue Department. They (and some private consultants) have claimed that the provision of EMS and ambulance services by fire departments “…distract from the primary role of the fire service.”

These assertions addressing why fire departments should not provide ambulance services within their EMS system are operationally flawed, misleading, and simply not true. Fire service-based provision of EMS is the most efficient and effective model for providing emergency medical services.

Within their proposals, private providers generally set forth five statements about why private contractors are better suited to provide ambulance service than
fire departments. These statements are myths used as bait on a hook for decision makers.

*Myth #1 Right Person for the Right Job – Highly compensated firefighters should not be paid to do non-firefighter work.*

**Fact:** EMS has been a part of the fire service for more than 70 years – and even longer in many jurisdictions. EMS is not a distraction from our mission – it is one of our core services provided by firefighters and paramedics within our Mission. The levels of EMS certification differ somewhat in each state, but EMS training is part of the basic training for all firefighters.

*Myth #2 Improved Productivity– Private sector paramedics are more productive and less fatigued than fire department paramedics due to a better operating strategy.*

**Fact:** Fire service-based EMS brings the treatment to the patient – wherever they are. Treatment by firefighters begins immediately, even if the patient is trapped in a building that’s on fire, pinned in a car crash, or in a collapsed structure. Firefighters are long-term workers in their communities. Most fire
departments have very low turnover rates. Firefighters know about the needs in their communities…and firefighters are highly experienced emergency medical care providers.

**Myth #3- Cost Accountability – Private sector accounting principles more accurately reflect the cost of services.**

**Fact:** Cost accounting in the private sector is often misleading as it does not consider the economies of scale that are realized from a cross-trained multi-role Firefighter/EMT or Paramedic. Further, their accounting methods do not portray the subsidies they are provided by public service agencies that provide first responder services when they provide and collect the revenue for patient transport. Additionally, the fire department is already geographically deployed throughout the community to minimize response times to all requests for help. The most expensive parts of the EMS system – firefighters, apparatus, and facilities – are already being paid for as part of the department’s “all hazards response infrastructure”.

**Myth #4- Revenue Generation – Fire departments consume taxes, private sector providers pay taxes. Every dollar spent on the fire department draws funds away from other services.**
Fact: In many cases, the proposals from private providers include a public-private partnership that results in the fire department bearing most of the costs and the private company collecting most (if not all) of the revenue. The private providers attempt to cherry-pick the part of the EMS system that currently has the most potential to generate revenue. They propose to use fire department units for initial response ("stop the clock"), patient extrication, treatment, and packaging while the private provider is only obligated to transport the patient and collect the associated revenue.

Myth #5 - Competitive Efficiency – Competition forces efficiency.

Fact: Fire-based EMS systems are the epitome of efficiency. The provision of EMS response, treatment, and transportation by firefighters is seamless. One agency is responsible for the continuity of patient care and provides EMS within what is an all-hazards response model. Fire Chiefs and IAFF local presidents need to be aware that private EMS providers are actively seeking to replace fire department ambulance services currently provided by fire departments.
In summary, fire chiefs and IAFF union presidents would be wise to anticipate that their jurisdictions will receive a private provider proposal or be on the receiving end of a consulting bid presented by a biased firm. Therefore, they should be proactive in developing strategies to successfully address these issues before the proposals are on the table. A key to successfully dealing with any actual private proposal is open and productive labor/management communications. Management and labor must be able to work together to protect their local fire department-based EMS system.

Fire service leaders must be able to represent their EMS system’s capability to deliver a timely response to a 9-1-1 call for help including patient transport…and be prepared to defend that system with data as evidence of their performance. Additionally, the importance of good communication and positive relationships with appointed and elected public officials cannot be overstated. This should be an ongoing effort of both labor and management and can be critical to preventing an outside proposal of any kind from being solicited or gaining any momentum. The IAFF, IAFC, and the Metro Chiefs Association will continue to provide information, resources and support to fire chiefs and union officials on these issues.